

NOTICE OF INTENT – PRE-APPLICATION ELIGIBILITY AND SCORING WORKSHEET

FOR THE FEMA HAZARD MITIGATION GRANT PROGRAM - FEMA-4145-DR-CO

SAFE ROOM PROPOSALS

To be considered a FEMA safe room, the structure must ultimately be designed and constructed to the guidelines specified in [FEMA P-320, Taking Shelter from the Storm: Building a Safe Room for Your Home or Small Business](#) (FEMA, third edition, 2008a) and [FEMA P-361, Design and Construction Guidance for Community Safe Rooms](#) (FEMA, second edition, 2008b). [Refer to Addendum pages 38-63](#)

Applicant/Organization: _____ Proposed Activity Title: _____

Applicant Type: State Agency Tribal Government Local Government Private Non-Profit Organization

Primary Contact: _____ Primary Contact Title: _____

Address: _____ City: _____ County: _____ Zip: _____

Phone #: _____ FAX #: _____

Email Address: _____

Alternate Contact: _____ Alternate Contact Title: _____

Phone #: _____ Email Address: _____

If a Tribal or local government is the proposed applicant, does the Tribal or local government have a current FEMA approved, locally adopted multi-hazard mitigation plan OR if a state agency or private nonprofit organization is the proposed applicant, is the proposed project located totally within a jurisdiction with a FEMA approved, locally adopted hazard mitigation plan? No Yes If unsure, please check with the County or City Emergency Manager. If yes, name of plan: _____

If no, is the local jurisdiction developing *or* updating a local hazard mitigation plan? Yes No Not Applicable

Proposed Project (*check all that apply*):

Community Safe Room(s) Residential Safe Room(s)

Brief Description of the Proposed Project:

Location: _____

Describe the population directly benefitting from the proposed activity. Include quantities in the description:

Estimated Total Cost: _____ Federal Share: _____ Non-Federal Share: _____

Proposed Sources of funds for the Non-Federal Share: _____

The Applicant will complete the following worksheet to the best of its ability. Only one number per space provided. The Applicant's score may not exceed 100.

Rating Factor	Scoring	
	Applicant's Self Score	State Score
Does the proposed activity mitigate a <i>high-risk</i> hazard in the project's geographic area? 10 points if "yes", 0 points if "no"		0 or 10
Is this project located within a jurisdiction with a current, locally adopted, FEMA-approved Local Hazard Mitigation Plan? 10 points for "Yes", 5 points for "Plan In Development with COEM", 0 points for "No"		0, 5 or 10
Is the project eligible as described in the pre-application? Refer to the Hazard Mitigation Assistance Unified Guidance regarding eligible and ineligible projects. 10 points if eligible, 0 points if questionable or if the description needs work to determine eligibility.		0 or 10
Determine the Community Median Income for the benefiting entity: 0 points if >\$100,001 or no source is stated; 2 points if \$80,001 - \$100,000; 4 points if \$60,001 - \$80,000; 6 points if \$40,001 - \$60,000; 8 points if \$20,001 - \$40,000; 10 points if < \$20,000. State your source for the determination:		0 to 10
Estimate the population directly benefitting from the project: 10 points if >161 persons; 9 points if 141-160 persons; 8 points if 121-140 persons; 7 points if 101-120 persons; 6 points if 81-100 persons; 5 points if 61-80 persons; 4 points if 41-60 persons; 3 points if 21-40 persons; 2 points if 11-20 persons; 1 point if 1-10 persons. <i>For community safe rooms, persons must be within a 0.5 mile radius to be included and must have a minimum amount of space allocated per person. For residential safe rooms, consider the number of homes involved and the average number of persons per home. Refer to FEMA P-321 or FEMA P-361 for details.</i> Explain your reasoning on # of persons benefitting:		0 to 10
Which of the following apply: 2 points for each "yes" answer. Specify which are claimed. <ul style="list-style-type: none"> The community has adopted a national model building code (ICC, IBC, BOCA, etc.). The community has adopted regulations or ordinances mitigating this hazard. The applicant has a proven history of implementing mitigation/prevention measures. The local land use or comprehensive plan includes hazards and mitigation measures. Intense Developmental Stress¹ ¹ <i>Intense Developmental Stress is defined as the lack of or inadequate infrastructure to support the rapidly changing socio-economic conditions in the jurisdiction submitting the application.</i>	 	0 to 10
Does the proposed project have political and societal support? 10 points if strong, positive political <i>and</i> societal support, 7 points if strong political <i>or</i> societal positive support, 4 points if only partially vetted, 0 points if not vetted at all. Explain your answer:		0 to 10
Would this project provide economic/societal benefit to the local community? 2 points for each "yes" up to 10 points. Check all that apply. <ul style="list-style-type: none"> Residents Private sector (business / industry) Government (local, state, or special district) Disadvantaged persons (NEPA – social justice, ADA, Civil Rights, etc.) Nongovernmental organizations Explain your reasoning:	 	0 to 10
Have you consulted with a licensed engineer on requirements and design? 5 points if "yes", 0 points if "no"		0 or 5
Have you consulted with your local floodplain manager on the project sites? 10 points if "yes", 0 points if "no"		0 or 10
Is your local emergency management agency/office aware of this project? 5 points if "yes", 0 points if "no"		0 or 5
PRE-APPLICATION SCORE		
CERTIFICATION: I understand this is only a pre-application notice of intent and not the entire application process. I acknowledge that moving further in the process is not a guarantee the project will ultimately be funded. I also understand there might be a technical benefit-cost analysis component in the application process. I certify to the best of my knowledge the statements made on this Notice of Intent/Pre-application are accurate and true. Applicant's Agent Signature: Date:		

PROCEDURE: All Notice of Intent / Pre-Application Worksheets will be reviewed for eligibility, accuracy, and content. The likelihood of a proposed project successfully moving forward through the application process depends on many factors including, but not limited to, a potential applicant and project's eligibility, determining a positive benefit-cost ratio (if applicable), the ranking and costs of eligible projects received versus the amount of funding available.

- 1) Fill out the Notice of Intent/Pre-application (NOI) form.
- 2) Have the Applicant's Agent Sign the Certification.
- 3) Please send it back as a PDF or hard copy.
- 4) Return it to: marilyn.gally@state.co.us and kenneth.brink@state.co.us OR mail it to Attn. Ken Brink / Marilyn Gally at DHSEM, 9195 E. Mineral Avenue, Suite 200, Centennial, CO 80112
- 5) The first round of NOIs are due COB January 31, 2014. The second round of NOIs are due by COB March 14, 2014.
- 6) COEM staff will review them in February and March and either a) move the potential applicant forward to the next phase in the application process or b) provide comments on concerns raised during the review process.

STATE USE ONLY <i>The Colorado Office of Emergency Management will assign a reviewer to examine the Applicant's responses.</i>	Yes	No
State Reviewer Questions	<i>Attach explanation if needed</i>	
	Is there evidence the applicant is (will be) capable of accomplishing the desired activity, based on previous grants performance, regional or state recommendation, and/or local mitigation plan capability assessment?	
Does the Applicant's proposal match at least one or more priorities identified by the State for mitigating the effect of hazards?		
Do you have confidence in the accuracy of the information provided by the Applicant in this Notice of Intent?		
Do you have knowledge of additional information capable of lending support to the applicant's proposal?		
Do you have knowledge of additional information capable of creating concern for the applicant's proposal?		
Would this project be eligible for an alternate funding source such as PA406, FMAP, EWPP, CDBG, SHMP, PDM etc.?		
State Reviewer Signature and Date:		
Reviewer Signature and Date:		